

RHODE ISLAND DEPARTMENT OF HEALTH

INSTRUCTIONS FOR PREPARING: APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT (MANAGEMENT) PLAN

FORMS ASB-16/ASB-16A/ASB-16B (Revised 11/2003)

A building owner, in order to remove, encapsulate, enclose, repair or otherwise disturb or abate asbestos in a building in Rhode Island, must complete an Application for Approval of an Asbestos Abatement (Management) Plan (Forms ASB-16/ASB-16A/ASB-16B), and must attach to the completed Application the additional information required. Work cannot begin until the Plan is approved by the Agency. The Application should be submitted to:

**Rhode Island Department of Health
Asbestos Control Program
3 Capitol Hill, Room 206
Providence, RI 02908-5097**

The Application form elicits the information required by Part C of the Rhode Island Rules and Regulations for Asbestos Control, which should be used for reference.

The following general guidance is provided:

1. Materials included with the Application, which do not specifically pertain to the items on the Application, will delay the review process. Generic materials should not be submitted. Be aware that the content of the plan that you submit may be considered public information under Freedom of Information guidance.
2. Attachments not clearly marked for identification with a specific item of the Application forms will delay the review process.
3. If required items are missing, review and approval of the Application may be considerably delayed. In some cases the Application may be rejected and returned for resubmission.
4. The time necessary for review by the Agency varies with the complexity of the plan, level of workload, and quality of submissions. No assurances can be given. It is suggested for planning purposes that at least four (4) weeks be allowed from time of submission to approval. Contact the Agency for a current estimate of this timeframe.
5. The consultant identified in Item 2 of Form ASB-16 must sign item 19 of Form ASB-16.
6. The appropriate application fee must be included. See Item 20 of Form ASB-16A. Applications submitted without the proper fee will not be processed until the correct fee has been paid.
7. Form ASB-16B must be signed by an individual legally authorized to make binding commitments on behalf of the building owner(s). A consultant may not sign Form ASB-16B.
8. Form ASB-16B must accompany the referenced Asbestos Abatement Plan (Forms ASB-16 & ASB-16A) and **cannot** be submitted under separate cover.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

1. Building Owner's Name:

2. Application Prepared By:

RI certification No: AAC-_____

Telephone No: _____

(Area code, No., Ext.)

3. Building Owner's Mailing Address and Telephone Number:

Street: _____

City/Town: _____

Zip: _____

Telephone No.: _____

(Area Code, No., Ext.)

4. Person to be contacted regarding this application:

Name: _____

Telephone No: _____

(Area Code, No., Ext.)

5. Location where abatement work will be performed:

Name (if applicable): _____

Street: _____

City/Town: _____ Zip: _____

6. Is this application being submitted in response to a "Notice of Requirement to Submit an Asbestos Abatement plan"? () Yes () No

If Yes, what is the due date for submittal of Abatement plan? _____

(Mo.) (Day) (Yr.)

Evaluation Number on the Notice: _____

7. Contractor who will be performing abatement work (if selected):

Name: _____ R.I. License No.: LAC-_____

8. Estimated Starting Date of Abatement Work: _____
(Month) (Day) (Year)

9. Estimated Completion Date of Abatement Work: _____
(Month) (Day) (Year)

10. Type of Asbestos Abatement: **(Check all that apply)**

☐ Removal ☐ Enclosure
☐ Encapsulation ☐ Demolition
☐ Operations and Maintenance Only
☐ Other (Specify) _____

11. Type of Building: ☐ School
☐ Privately Owned Building
☐ Publicly Owned Building
☐ Residence
☐ Other (Specify) _____

12. Building Access: ☐ Public Access (\geq 25% of Building Area)
☐ Limited Public Access (< 25% of Building Area)
☐ No Public Access

13. Bulk Sample Collection and Analysis:

A). Person collecting bulk samples:

Name: _____ RI Certification No.: AAC _____

B). Sampling Methodology:

☐ EPA AHERA Sampling requirements [40 CFR 763.86].

☐ EPA's Asbestos Containing Material in School Buildings: A Guidance Document (EPA-405/2-78-014) or Guidance for Controlling Asbestos Containing Materials – 1985 Edition (EPA-560-5-85-024)

☐ Other (Specify) _____

C). Laboratory performing the analysis of the bulk samples

Name: _____ RI Certification No.: AAL- _____

D). Analytical Methodology:

☐ EPA Interim Method for the Determination of Asbestos in Bulk Insulation Samples [PLM method only].

☐ Other (Specify) _____

14. Pre-Abatement Air Sample Collection and Analysis:

A). Person collecting pre-abatement air samples:

Name: _____ Affiliation: _____

B). Laboratory performing analysis of pre-abatement air samples.

Name: _____ RI Certification No.: AAL-_____

C). Methodology used in the collection and analysis of pre-abatement samples:

() NIOSH Method 7400 [Most Current Revision]

() OSHA 29 CFR 1926.1101 – Appendix A & B

() Other (Specify) _____

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15. A. Indicate how the regulated asbestos containing material (RACM) will be removed from the abatement site. If a hauler or broker will be used to transport the RACM to a disposal site, they must also be identified.

- B. Provide the name and location of the authorized asbestos waste facility to which the removed material will be transferred for disposal (if known).

-
16. Person designated as compliance monitor for abatement work. **[NOT REQUIRED]**

Name: _____

Affiliation: _____

17. In-Process & Clearance Air Sampling:

- A. Describe on an attachment the type, number and location of air samples that will be collected outside the work area during the abatement project.
- B. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fibers per cubic centimeter) is exceeded outside the work area during the abatement project.
- C. Describe on an attachment the type, number and location of air samples that will be collected as part of the final clearance testing.
- D. Describe on an attachment the plan of action to be followed if the Indoor Non-Occupational Air Exposure Standard for Asbestos (0.01 fiber per cubic centimeter) is exceed during final clearance testing.

18. A separate and fully completed Form ASB-16A must be submitted for each area to be abated. List below the entry in Item 1 from each attached ASB-16A.

19. I certify that this plan was prepared by me and I am responsible for its content.

Signature: _____ Date _____
(Month) (Day) (Year)

Affiliation: _____

20. ASBESTOS ABATEMENT PLAN APPLICATION FEE:

- | | |
|--|--------|
| () Operation & Maintenance Only | \$ 75 |
| () Up to One (1) NESHAP Unit | \$ 75 |
| () Between One (1) & Ten (10) NESHAP Units | \$ 300 |
| () Between Ten (10) & Fifty (50) NESHAP Units | \$ 600 |
| () Over Fifty (50) NESHAP Units | \$ 900 |

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Health

Office of Occupational & Radiological Health

APPLICATION FOR APPROVAL OF AN ASBESTOS ABATEMENT PLAN

SUPPLEMENTAL INFORMATION: AREA DESCRIPTION AND PROPOSED REMEDY

BUILDING LOCATION: _____

INSTRUCTIONS: All items on this form must be addressed. All references to attachments must be clearly identified. All attachments must be marked with the specific item numbers on this form to which they pertain.

(1) Area Location/Identification (Room Name/No., Evaluation Number, etc.):

(2) Attach a description of each type (e.g. pipe, ceiling, etc.) of regulated asbestos containing material (RACM) in this area, including condition, location, quantity and asbestos content. Attach a copy of the laboratory report(s) for all samples. (NOTE: All laboratory reports must include the name of the building(s) and the location(s) of the sample(s).

(3) Attach a current scale drawing of this area, showing direction of North and East, which has been clearly annotated to show the type, location and quantity of all RACM in this area. This drawing must include a legend which acts as a guide to the scale, symbols and nomenclature used in the drawing. If a master plan or multiple drawings are provided, indicate the specific location(s) and drawing number(s) which depict this area. The location of the decontamination chamber must also be so indicated on the appropriate drawing(s).

(4) PROPOSED REMEDIES:

A). Attach a description of the interim Operations and Maintenance Plan that will be implemented in accordance with C.1.2 (b).

(4) PROPOSED REMEDIES (cont.):

B). Will any portion of this area be abated by use of B.8 work procedures?

☐ Yes ☐ No

If Yes, indicate below which RACM in this area will be abated by use of the following B.8 work procedures:

B.8.2 & B.8.3	[REMOVAL]	_____
B.8.2 & B.8.4	[ENCAPSULATION]	_____
B.8.2 & B.8.5	[ENCLOSURE]	_____
B.8.6	[DEMOLITION]	_____
B.8.7	[GLOVEBAG]	_____
B.8.8	[ASPHALT ROOFING]	_____

C). Are you requesting any waivers to the above selected B.8 procedure for any of the abatement activities in this area?

☐ Yes ☐ No

If yes, attach a detailed description of the waivers requested you are proposing to utilize. All items must be keyed to the specific section(s) of the regulations for which waivers are requested.

D). Are you proposing alternative procedures under B.11 for any of the abatement activities in this area?

☐ Yes ☐ No

If yes, attach a detailed description of the alternate procedures requested you are proposing to utilize. Alternate procedures must include a justification for not following specific section(s) of the regulations and be as protective of public health.

E). Will any RACM remain in this area after abatement?

☐ Yes ☐ No ☐ Beyond scope of inspection

If Yes, attach a description of the RACM that will remain and the details of the on-going Operations and Maintenance Plan that will be implemented in accordance with C.1.2(b).

AGENCY USE ONLY

RHODE ISLAND DEPARTMENT OF HEALTH

NOTARIZED CERTIFICATION OF ASBESTOS ABATEMENT PLAN

Facility: _____

Address: _____

City/Town: _____ Zip: _____ Amendment Phase No: _____

Abatement Plan Written By: _____ Certification No: AAC-_____

Summary of specific waivers/variances being requested: _____

Type of Asbestos Abatement () Removal () Enclosure () Encapsulation
() Demolition () Glovebag () Asphalt Roofing
() Other (specify) _____

Is this plan being submitted in response to a Notice of Violation and/or a Notice of Requirement to Submit an Asbestos Abatement Plan? () Yes () No

If yes, Indicate Notice/Building Evaluation No(s): _____

Contractor: _____ License No: LAC-_____

Estimated Starting Date: _____

Pre-Abatement Sampling Information

Bulk Samples Collected By: _____ Certification No: AAC-_____

Bulk Samples Analyzed By: _____ Certification No: AAL-_____

Air Samples Analyzed By: _____ Certification No: AAL-_____

Clearance Air Sampling Information

Air Samples to be Collected By: _____

Air Samples to be Analyzed By: _____ Certification No: AAL-_____

CERTIFICATION

I certify that: this asbestos abatement plan is prepared and submitted under the provisions of Section 23-24.5-6 of the RI Asbestos Control Act and Parts A and C of the RI Rules and Regulations for Asbestos Control; all abatement/management activities performed in conjunction with this plan must be in compliance with the specifications prescribed in this plan (when approved) and the most current revision of all applicable federal and state regulations; and the asbestos abatement/management activities described in this plan must be performed by a RI licensed asbestos abatement contractor.

Certified by: _____ Title: _____
(Signature of Building Owner or Agent)

(Typed/Printed Name of Certifier)

Subscribed and sworn before me this _____ day of _____, 20____

My Commission Expires: _____

(Notary Public)

AFFIX NOTARY SEAL HERE